

Minor Model Release

Model release requiring parent or guardian consent for photographing minors

Minor's Information

Minor's First Name *

Minor's Last Name *

Parent/Guardian Email *

Parent/Guardian Phone *

Minor's Date of Birth *

MM / DD / YYYY

Parent/Guardian Information

Parent/Guardian Full Name *

Relationship to Minor *

☐ Mother

☐ Father

☐ Legal Guardian

☐ Other

Address *

Shoot Details

Date of Photo Shoot *

MM / DD / YYYY

Location *

Photographer Name *

Description and Purpose of Shoot *

Grant of Rights

Parental/Guardian Consent for Use of Minor's Image:

As the parent or legal guardian of the minor named above, I grant the Photographer and their assigns permission to use images of the minor captured during the described photo shoot for the purposes checked below. I confirm that I have the legal authority to grant this release on behalf of the minor.

Authorized Uses *

- | | |
|---|---|
| ☐ Photographer's portfolio and website | ☐ Social media |
| ☐ Editorial and publications | ☐ Commercial and advertising |
| ☐ Educational materials | |

Any restrictions or special conditions?

Consent & Signature

I, the parent/legal guardian of the minor named above, hereby grant permission for the Photographer to photograph and use images of the minor as described in this release. I release the Photographer from any claims related to the use of these images. I confirm that I have the legal authority to sign this release on behalf of the minor.

I certify that I am the parent or legal guardian of the minor named in this release and have the authority to consent on their behalf.

I confirm I am the legal parent/guardian of the minor: _____

Parent/Guardian Signature

Date

Print name

Date *

MM / DD / YYYY

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